## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/590,827
Filing Date	February 28, 2005
First Named Inventor	Bernhardt L. Trout
Art Unit	N/A
Examiner Name	Not Yet Assigned
Attorney Docket Number	MTV-073.01

I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.  OR  X I hereby appoint the practitioners associated with the Customer Number: 25181									
X Please change the correspondence address for the above-identified application to:									
OR		dress associated with ner Number:			2518	31			
Firm	or idual Name						•••		
Address		J. J							
City						J. 100			
Country			State				Zip		
Telephone				Email					_
As	plicant/Inv	entor. record of the entire intere nder 37 CFR 3.73(b) is er	st. Se	ee 37 C d. <i>(Fo</i> i	FR 3.7 m PTO	1. VSB/96)			
SIGNATURE of Applicant or Assignee of Record									
Signature	· \ 1/2	w I S	<u>_</u>						
Name	Bernh	nardt L. Trout							
Date		7 21 07				Telephone	617	-258-5021	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
x	*Total of	forms are sub	mitted.						

## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/590,827
Filing Date	February 28, 2005
First Named Inventor	Bernhardt L. Trout
Art Unit	N/A
Examiner Name	Not Yet Assigned
Attorney Docket Number	MTV-07301

I hereby revoke all previous powers of attorney given in the above-identified application.						
OR	wer of Attorney is submitted herew		Customer Number:	25181		
	se change the correspondence add The address associated with Customer Number:		ove-identified applica	ation to:		
Firm or Individu	ial Name					
Address						
City	Address to a		III I. AND			
Country		State		Zip		
Telephone		Email				
Assig	e: cant/Inventor. gnee of record of the entire interes ement under 37 CFR 3.73(b) is end					
	SIGNATURE	of Applicant or	Assignee of Reco	rd		
Signature	Devo Ja	Day				
Name	Daniel I.C. Wang					
Date	March 6, 2007		Telephone	(617) 25	3-2126	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
x :	*Total of 3 forms are subm	nitted.				

PTO/SB/92 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND	Application Number		10/590,827				
	Filing Date		February 28, 2005				
	First Nan	ned Inventor	Bernhardt L. Trout				
	Art Unit		N/A				
CHANGE O	F CORRESPONDENCE ADDRESS	Examine	r Name	Not Yet Assigned			
		Attorney	Docket Number	MTV-07301			
				to de avaltación			
I hereby rev	oke all previous powers of attorney	given in tr	ie above-identif	led application.			
A Po	wer of Attorney is submitted herewith	۱.					
OR	,						
i	by appoint the practitioners associa	ted with the	a Customer Nur	mber: 25181			
	by appoint the practitioners associa	ted with the	c Gustomer Hui	20.00			
X Pleas	se change the correspondence addre	ess for the	above-identified	d application to:			
x	The address associated with		25181				
Customer Number:			20101				
Firm or			4000	A SURVEY.			
	al Name						
Address							
City							
Country	Sta			Zip			
Telephone		Email					
I am the	<b>)</b> :						
X Appli	cant/Inventor.						
Assid	nee of record of the entire interest.	See 37 CF	FR 3.71.				
State	ement under 37 CFR 3.73(b) is enclo	sed. (For	n PTO/SB/96)				
	SIGNATURE of	Applicant	or Assignee o	f Record			
Signature	4 Lun						
Name	Brian M. Baynes						
Date	Tily 17 2007		Telepho	ine 617 823 7642			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

forms are submitted.

Date

X

3

\*Total of